

# NOMINATION FOR INTERAGENCY TRAINING

COURSE	1 Course title	2 Cost
	3 Agency offering course	4 Dates of course
	5 Location of course (City, State)	

NOMINEE	6 Name (First) (Initial) (Last) (Mr., Miss, Mrs.)	7 Position title
	8	9 Pay plan and grade
	10 Office telephone (including Area Code)	
11. Enter here special information required by the course announcement		

AGENCY	12. Billing address (including ZIP Code)	13
	14 Date	15 Telephone (including Area Code)

Registrar, Office of Training  
Central Intelligence Agency  
Washington, D.C. 20505

16. Return address of nominating agency (including ZIP Code)

CALL FROM KINGS POINT - 25 JULY -  
FORM NOT RECEIVED

FOR USE BY AGENCY OFFERING TRAINING-DO NOT FILL IN THIS PART	
ACTION	17. Nominee is: <input type="checkbox"/> Selected as nominated <input type="checkbox"/> Selected for alternative dates (see Remarks) <input type="checkbox"/> Not selected (see Remarks)
	18. Remarks
19. First session of class meets	

## INSTRUCTIONS TO NOMINATING AGENCY

1. Observe the Nominating Criteria and Special Instructions in Course Announcement or Bulletin before completing this form.
2. All requested information, Items 1 through 16, must be furnished. Use typewriter to complete form.
3. Submit the original and the first three copies (do not remove carbons) to the agency offering the training. See Course Announcement or Bulletin for correct address. The agency submitting the nomination may retain the additional two copies.
4. A copy of this form will be returned by the agency sponsoring the training, indicating the action taken on the nomination in the ACTION block.

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